

**Initial Setup Screen ( C 0 4 M A 0 1 )**

PS Project Number:\_\_\_\_\_ Program Year: \_\_\_\_\_ Grantee Activity Number:\_\_\_\_\_

Activity Name: \_\_\_\_\_ HUD Activity Number: \_\_\_\_\_

Location: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Matrix Code Screen ( C 0 4 M A 0 3 )** Matrix Code: \_\_\_\_\_

Is the Primary Purpose of the activity to ...  
Help Prevent Homelessness?(Yes/No) Help the Homeless? (Yes/No)  
Help Those with HIV/AIDS? (Yes/No) Help Persons with Disabilities? (Yes/No)

Environmental Assessment Code (circle one):  
A Exempt B Categorically Excluded C Underway D Completed

Generate Program Income(Y/N): \_\_\_\_\_

Will Another Entity Have Access?(Y/N): \_\_\_\_\_

If Yes, Name of Entity: \_\_\_\_\_ UOG Code & Number: \_\_\_\_\_

**Accomplishments Screen ( C 0 4 M A 0 4 )**

Type (Proposed and Actual)(Check One):  
\_\_\_ 9 Organizations \_\_\_ 10 Housing units Leave Blank for Administration

Proposed Units: \_\_\_\_\_ Accomplishments Narrative: \_\_\_\_\_

Actual Units: \_\_\_\_\_  
\_\_\_\_\_

**Money Screen ( C 0 4 M A 0 8 )** Total Estimated Amount: \_\_\_\_\_

**HOME Path: Homeowner / Rental Setup ( C 0 4 M H 0 2 ) and ( C 0 4 M H 0 3 )**

CHDO Tax ID: \_\_\_\_\_ Loan for CHDO? YES or NO

Activity Setup Type (circle one): 1 Rehab Only  
2 New Construction 3 Acquisition Only  
4 Acquisition & Rehab 5 Acquisition & New Construction

Loan Guarantee? YES or NO County Code: \_\_\_\_\_

Lease Type (circle one): 1=Rental 2=Homeownership 3=Homeownership Rehab

Type of Ownership (circle one): 1 = Individual 2 = Partner 3 = Corporation  
4 = Non Profit 5 = Public 9 = Other

CHDO Code (circle one): A =Own B = Sponsor C = Develop Blank = None

Total HOME Funds Requested: \_\_\_\_\_ Estimated Units at Completion: \_\_\_\_\_  
Total Estimated Costs: \_\_\_\_\_ Estimated HOME Assisted Units: \_\_\_\_\_

Property Owned by: I = Individual or F = Firm

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOME Completion Path: ( C 0 4 M H 1 7 ) and ( C 0 4 M H 1 9 )**

Rehab: fill out C04MH17 Downpayment Assistance: fill out C04MH19

Initial Purchase After Rehab  
Price: \_\_\_\_\_ Value: \_\_\_\_\_

	Interest Rate	Amortization	Amount
Direct Loan	_____	_____	_____
Grant	_____	_____	_____
Deferred Payment	_____	_____	_____
CHDO TA Loan	_____	_____	_____
CHDO Seed Loan	_____	_____	_____
Other (specify:_____)	_____	_____	_____

**HOME Completion Path: Other Funds( C 0 4 M H 1 8 )**

	Amount
Public Funds	_____
Other Federal Funds	_____
State/Local Appropriated Funds	_____
State / Local Tax Exempt Bond Proceeds	_____

	Interest Rate	Amortization	
Private Funds	_____	_____	_____
Private Loan Funds	_____	_____	_____
Owner Cash Distribution	_____	_____	_____
Private Grants	_____	_____	_____

**HOME Completion Path: Tenant Info ( C 0 4 )**

Unit Number	Bedrm Code	Unit Occup	Tenant Cont	Subs Amt	% Med	Race Ethn	Size HH	Head HH	Rent Asst
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Bedrm Code 0=Effcncy 1=1 Bedrm 2=2 Bedrm 3=3 Bedrm 4=4 Bedrm 5=5+Bedrm

Unit Occup 1=Tenant 2=Owner 9=Vacant

Ten Cont: Monthly tenant contribution to rent

Subs Amt: Monthly subsidized amount

% Med 1= 0-30% 2=30-50% 3=50-60% 4=60-80%

Race Ethn 1=white 2=black 3=Native American 4=Asian/Pacific 5=Hispanic

Size Hhld 1=1 person 2=2 person 3=3 person 4=4 person 5=5 person  
6=6 person 7=7 person 8=8 person 9=Vacant

Head Hhld 1=single/nonelderly 2=Elderly 3=Related/1 Parent  
4=Related/Parent 5=Other 9=Vacant

Rent Assistance: 1=section 8, 2=TBRA, 3=Other, 4=None, 9=Vacant